

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

AMY M YOUNG

Case No. 09-22543

Debtor(s)

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 06/19/2009.
- 2) The plan was confirmed on 08/12/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 11/02/2011.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 01/01/1900.
- 6) Number of months from filing to last payment: 0.
- 7) Number of months case was pending: 58.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$905.00.
- 10) Amount of unsecured claims discharged without payment: \$46,840.88.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$12,841.29
Less amount refunded to debtor	\$518.52

NET RECEIPTS:

\$12,322.77

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$3,499.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$657.82
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$4,156.82

Attorney fees paid and disclosed by debtor:	\$1.00
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Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AMERICASH LOANS LLC	Unsecured	400.00	612.99	612.99	61.30	0.00
ASSET ACCEPTANCE LLC	Unsecured	70.00	70.45	70.45	7.05	0.00
CASH ADVANCE	Unsecured	485.00	NA	NA	0.00	0.00
CERTEGY	Unsecured	780.00	NA	NA	0.00	0.00
CITIFINANCIAL AUTO	Unsecured	NA	34,646.47	34,646.47	3,464.65	0.00
CITIFINANCIAL AUTO	Secured	NA	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENUE	Unsecured	150.00	362.00	362.00	36.20	0.00
COMCAST	Unsecured	169.00	NA	NA	0.00	0.00
COMMUNITY HEALTHCARE SYSTEM	Unsecured	288.85	288.85	288.85	28.89	0.00
COMMUNITY HOSPITAL	Unsecured	250.00	697.15	697.15	69.72	0.00
CONSUMER PORTFOLIO SERV	Secured	4,140.00	4,140.00	4,140.00	4,140.00	244.36
CONSUMER PORTFOLIO SERV	Unsecured	573.00	187.81	187.81	18.78	0.00
FSM GROUP INC	Unsecured	510.00	NA	NA	0.00	0.00
HAMMOND CLINIC	Unsecured	120.00	NA	NA	0.00	0.00
KALVYN AVERY	Unsecured	650.00	NA	NA	0.00	0.00
KATHRYN WILSON	Unsecured	3,070.00	NA	NA	0.00	0.00
MANSARDS APARTMENTS	Unsecured	1,200.00	NA	NA	0.00	0.00
MERCY HOSPITAL	Unsecured	250.00	NA	NA	0.00	0.00
MUNSTER MEDICAL RESEARCH	Unsecured	125.00	125.00	125.00	12.50	0.00
MUNSTER MEDICAL RESEARCH	Unsecured	100.00	100.00	100.00	10.00	0.00
MUNSTER MEDICAL RESEARCH	Unsecured	NA	250.00	250.00	25.00	0.00
MUNSTER RADIOLOGY GROUP	Unsecured	152.00	152.00	152.00	15.20	0.00
NORTHWESTERN MEMORIAL HOSPT	Unsecured	5.00	NA	NA	0.00	0.00
NWI PATHOLOGY CONSULT PC	Unsecured	158.00	NA	NA	0.00	0.00
ORAL SURGERY	Unsecured	89.00	NA	NA	0.00	0.00
PATHOLOGY CONSULTANTS	Unsecured	216.75	NA	NA	0.00	0.00
PATIENTS 1ST ER MED CONSULTAN	Unsecured	180.00	180.00	180.00	18.00	0.00
PAY DAY LOAN STORE	Unsecured	550.00	NA	NA	0.00	0.00
PAY DAY LOANS	Unsecured	2,500.00	NA	NA	0.00	0.00
PREFERRED CASH	Unsecured	95.00	NA	NA	0.00	0.00
RADIOLOGY PHYSICIANS	Unsecured	692.00	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
RECEIVABLES MGNT	Unsecured	143.00	143.00	143.00	14.30	0.00
RENT A CENTER CORP	Unsecured	NA	NA	NA	0.00	0.00
SBC	Unsecured	195.00	NA	NA	0.00	0.00
UNITED CASH	Unsecured	45.00	NA	NA	0.00	0.00
WASHINGTON MUTUAL	Unsecured	800.00	NA	NA	0.00	0.00
WOW INTERNET & CABLE SERV	Unsecured	227.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$4,140.00	\$4,140.00	\$244.36
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$4,140.00	\$4,140.00	\$244.36
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$37,815.72	\$3,781.59	\$0.00

Disbursements:

Expenses of Administration	<u>\$4,156.82</u>
Disbursements to Creditors	<u>\$8,165.95</u>
TOTAL DISBURSEMENTS :	<u>\$12,322.77</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 04/08/2014

By: /s/ Tom Vaughn

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.